## Comprehensive Exam Application Loyola Marymount University

| Date:  |  |
|--|--|
| Student Name:  | Student ID #   |
| 1. Comprehensive Exam Areas (List with your Exam Director): a)   | 3 areas; note that these may be refined later, in consultation   |
| b)   |  |
| c)   |  |
| (NOTE that the actual date will be de Comprehensive Exam Director. See 3. Attach a <b>Preliminary Bibliograp</b> sources; attach to this form.  4. Name the faculty member that you  | etermined by the department calendar in concert with your enclosed materials for calendar).  hy for the Comprehensive Exam of approximately 10  a request to be appointed as your Comprehensive Exam request. The THST Department Chair and Graduate |
| When #1 through #4 are completed, send this completed form to the Graduate Director of Theological Studies for approval of this Application. The Graduate Director will inform you when the signatures below are obtained.  Approval of this Application: (signatures) |  |
| Exam Director  | Department Chair   |
| Exam Reader  | MA Program Director  |
| Exam Reader  |  |

Cc: Student/Faculty Advisor/Graduate Director